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LNGS | LUKAS,
NACE,
GUTIERREZ
& SACHS, LLP

PUBLIC REFERENCE COPY

July 1, 2015

VIA ELECTRONIC FILING

Marlene H. Dortch
Secretary
Federal Communications Commission
445 12th Street, S.W., Room TW-A306
Washington, DC 20554

Re: ETC Annual Reports and Certifications, WC Docket No. 14-58

Dear Secretary Dortch:

On behalf of DoCoMo Pacific – Guam Wireless (“DP – GUAM WIRELESS”), SAC 669001 in Guam, please find attached a redacted public version of DP – GUAM WIRELESS’s FCC Form 481 Carrier Annual Report, filed pursuant to Section 54.313 of the Commission’s Rules (“Form 481 Report”). The Form 481 Report has been submitted to the Universal Service Administrative Company through its E-File System, and was successfully certified on June 30, 2015. The attached Form 481 Report has been marked “**REDACTED – FOR PUBLIC INSPECTION.**”

DP – GUAM WIRELESS is also submitting to the Commission, under separate cover, a confidential version of the Form 481 Report. The confidential version is marked “**CONFIDENTIAL – NOT FOR PUBLIC INSPECTION.**”

Please contact the undersigned if any questions arise concerning the above-referenced enclosures or if you require any additional information.

Sincerely,



David A. LaFuria
Steven M. Chernoff
John Cimko

Attorneys for:
DoCoMo Pacific – Guam Wireless

Attachment

FCC Form 481 - Carrier Annual Reporting Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	669001
<015> Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020> Program Year	2016
<030> Contact Name: Person USAC should contact with questions about this data	Sean Miles
<035> Contact Telephone Number: Number of the person identified in data line <030>	6719694093 ext.
<039> Contact Email Address: Email of the person identified in data line <030>	smiles@docomopacific.com

ANNUAL REPORTING FOR ALL CARRIERS		54.313 Completion Required	54.422 Completion Required
<i>(check box when complete)</i>			
<100> Service Quality Improvement Reporting	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<200> Outage Reporting (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<210> <input checked="" type="checkbox"/> <-- check box if no outages to report		<input checked="" type="checkbox"/>	<input type="checkbox"/>
<300> Unfulfilled Service Requests (voice)	<input type="text" value="0"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<310> Detail on Attempts (voice)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<320> Unfulfilled Service Requests (broadband)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<330> Detail on Attempts (broadband)	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <i>(attach descriptive document)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<400> Number of Complaints per 1,000 customers (voice)		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<410> Fixed	<input type="text" value="0.0"/>		
<420> Mobile	<input type="text" value="0.0"/>		
<430> Number of Complaints per 1,000 customers (broadband)		<input type="checkbox"/>	<input type="checkbox"/>
<440> Fixed	<input type="text"/>		
<450> Mobile	<input type="text"/>		
<500> Service Quality Standards & Consumer Protection Rules Compliance	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<510> <div style="border: 1px solid black; padding: 2px;">669001gu510.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<600> Functionality in Emergency Situations	<i>(check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<610> <div style="border: 1px solid black; padding: 2px;">669001gu610.pdf</div>	<i>(attached descriptive document)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<700> Company Price Offerings (voice)	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<710> Company Price Offerings (broadband)	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<800> Operating Companies and Affiliates	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<900> Tribal Land Offerings (Y/N)? <input type="radio"/> <input checked="" type="radio"/>	<i>(if yes, complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<1000> Voice Services Rate Comparability Certification	<div style="border: 1px solid black; padding: 2px;">Not Applicable</div>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1010> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<i>(attach descriptive document)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1100> Certify whether terrestrial backhaul options exist (Yes or No) <input checked="" type="radio"/> <input type="radio"/>	<i>(if not, check to indicate certification)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1110>	<i>(complete attached worksheet)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<1200> Terms and Condition for Lifeline Customers	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Price Cap Carriers, Proceed to Price Cap Additional Documentation Worksheet

<2000> Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<2005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

Rate of Return Carriers, Proceed to ROR Additional Documentation Worksheet

<3000>	<i>(check to indicate certification)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<3005>	<i>(complete attached worksheet)</i>	<input type="checkbox"/>	<input type="checkbox"/>

**(100) Service Quality Improvement Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

669001

<010> Study Area Code

<015> Study Area Name GUAM CELLULAR AND PAGING, INC., DBA GUAMCELL COMMUNICATIONS

<020> Program Year 2016

<030> Contact Name - Person USAC should contact regarding this data Sean Miles

<035> Contact Telephone Number - Number of person identified in data line <030> 6719694093 ext.

<039> Contact Email Address - Email Address of person identified in data line <030> smiles@docomopacific.com

<110> Has your company received its ETC certification from the FCC?

If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?

(yes / no) ☒ ☐

(yes / no) ☒ ☐

If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service.

<112> Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your company is a CETC which only receives frozen support, your progress report is only required to address voice telephony service.

669001G0112.pdf

Name of Attached Document

Please select the appropriate responses below (Yes, No, Not Applicable) to confirm that the attached document(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to §54.202(a). The information shall be submitted at the wire center level or census block as appropriate.

<113> Maps detailing progress towards meeting plan targets

<114> Report how much universal service (USF) support was received

<115> How much (USF) was used to improve service quality and how support was used to improve service quality

<116> How much (USF) was used to improve service coverage and how support was used to improve service coverage

<117> How much (USF) was used to improve service capacity and how support was used to improve service capacity

<118> Provide an explanation of network improvement targets not met in the prior calendar year.

Yes
Yes
Yes
Yes
Yes
Yes

FCC Form 481
OMB Control No. 3060-0985/OMB Control No. 3060-0819
July 2013

smiles@docomopacific.com

Page 3

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

1/1/2015
19.5

	Residential Local Service Charge Effective Date
<701>	Single State-wide Residential Local Service Charge
<702>	

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code		669001	
<015>	Study Area Name		GUAM CELLULAR AND PAGING, INC. DBA GUANCELL COMMUNICATIONS	
<020>	Program Year		2016	
<030>	Contact Name - Person USAC should contact regarding this data		Sean Miles	
<035>	Contact Telephone Number - Number of person identified in data line <030>		6719694093 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>		smiles@docomopacific.com	
<711>	<a1>	<a2>	<b1>	<b2>
			<c1>	<c2>
			<d1>	<d2>
			<d3>	<d4>

[illegible]

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	669001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6713694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com
<810>	Reporting Carrier	Guam Cellular and Paging, Inc.
<811>	Holding Company	Docomo Guam Holdings, Inc.
<812>	Operating Company	DOCOMO PACIFIC, INC.

[illegible]

**(900) Tribal Lands Reporting
Data Collection Form**

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	569001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUANCCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Wiles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@comopacific.com

<910> Tribal Land(s) on which ETC Serves

<920> Tribal Government Engagement Obligation

Name of Attached Document

If your company serves Tribal lands, please select (Yes, No, NA) for each these boxes to confirm the status described on the attached document(s), on line 920, demonstrates coordination with the Tribal government pursuant to § 54.313(a)(9) includes:

Select Yes or No or Not Applicable

- <921> Needs assessment and deployment planning with a focus on Tribal community anchor institutions.
- <922> Feasibility and sustainability planning;
- <923> Marketing services in a culturally sensitive manner;
- <924> Compliance with Rights of way processes
- <925> Compliance with Land Use permitting requirements
- <926> Compliance with Facilities Siting rules
- <927> Compliance with Environmental Review processes
- <928> Compliance with Cultural Preservation review processes
- <929> Compliance with Tribal Business and Licensing requirements.

(1100) No Terrestrial Backhaul Reporting		FCC Form 481	
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
		July 2013	
<010>	Study Area Code	669001	
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS	
<020>	Program Year	2016	
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com	

<1120> Please confirm whether terrestrial backhaul options exist within the supported area pursuant to § 54.313(g) (Yes, No).

<1130> Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(g).

(1200) Terms and Condition for Lifeline Customers		FCC Form 481	
Lifeline		OMB Control No. 3060-0986/OMB Control No. 3060-0819	
Data Collection Form		July 2013	

<010>	Study Area Code	669001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

669001gu1210.pdf

<1210> Terms & Conditions of Voice Telephony Lifeline Plans

Name of Attached Document

<1220> Link to Public Website

HTTP

<http://www.docomopacific.com/phone/plans/lifeline-assistance-program>

"Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report:



<1221> Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,



<1222> Details on the number of minutes provided as part of the plan,



<1223> Additional charges for toll calls, and rates for each such plan.

(2000) Price Cap Carrier Additional Documentation

Data Collection Form

Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers

FCC Form 481
OMB Control No. 3060-0986/OMB Control No. 3060-0819
July 2013

<010>	Study Area Code	669001
<015>	Study Area Name	GUAM CELLULAR AND FAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Wiles
<035>	Contact Telephone Number - Number of person identified in data line <030>	81369073 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	SMITH@GCOMGOCAPCITY.COM

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental Connect America Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b)(1)(i)-(e). The information reported on this form and in the documents attached below is accurate.

Incremental Connect America Phase I reporting

- <2010> 2nd Year Certification (47 CFR § 54.313(b)(1)(i))
- <2011a> 3rd Year Certification (47 CFR § 54.313(b)(1)(ii))
- <2011b> Attachment (47 CFR § 54.313(b)(1)(iii))

Name of Attached Document(s) Listing Required Information

Price Cap Carrier Receiving Frozen Support Certification (47 CFR § 54.312(a))

- <2012> 2013 Frozen Support Calculation (47 CFR § 54.313(c)(1))
- <2013> 2014 Frozen Support Calculation (47 CFR § 54.313(c)(2))
- <2014> 2015 Frozen Support Calculation (47 CFR § 54.313(c)(3))
- <2015> 2016 and future Frozen Support Calculation (47 CFR § 54.313(c)(4))

Price Cap Carrier Connect America ICC Support (47 CFR § 54.313(d))

Certification Support Used to Build Broadband

Connect America Phase II Reporting (47 CFR § 54.313(e))

- <2017> 3rd year Broadband Service Certification
- <2018> 5th year Broadband Service Certification
- <2019> Interim Progress Certification

Please check the box to confirm that the attached document(s), on line 2021, contains the required information pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.

- <2021> Interim Progress Community Anchor Institutions

Name of Attached Document(s) Listing Required Information

(3000) Rate Of Return Carrier Additional Documentation		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
		July 2013
<010>	Study Area Code	669001
<015>	Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUANTEL COMMUNICATIONS
<020>	Program Year	2016
<030>	Contact Name - Person USAC should contact regarding this data	Sean Miles
<035>	Contact Telephone Number - Number of person identified in data line <030>	671964093 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	smiles@comopacific.com
<p>CHECK the boxes below to note compliance on its five year service quality plan (pursuant to 47 CFR § 54.202(a)) and, for privately held carriers, ensuring compliance with the financial reporting requirements set forth in 47 CFR § 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.</p>		
(3010)	<p>Progress Report on 5 Year Plan</p> <p>Milestone Certification (47 CFR § 54.313(f)(1)(i))</p> <p>Please check this box to confirm that the attached document(s), on line 3012 contains the required information pursuant to § 54.313 (f)(1)(i), the carrier shall provide the number, names, and addresses of community anchor institutions to which began providing access to broadband service in the preceding calendar year.</p>	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Name of Attached Document Listing Required Information</p>
(3012)	Community Anchor Institutions (47 CFR § 54.313(f)(1)(iii))	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Name of Attached Document Listing Required Information</p>
(3013)	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3014)	If yes, does your company file the RUS annual report	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Please check these boxes to confirm that the attached document(s), on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires:</p>		
(3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3016)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Name of Attached Document Listing Required Information</p>
(3018)	If the response is no on line 3014, Is your company audited?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains</p>		
(3019)	Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3021)	Management letter and audit opinion issued by the independent certified public accountant that performed the company's financial audit	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3023)	Underlying information subjected to a review by an independent certified public accountant	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3024)	Underlying information subjected to an officer certification.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3025)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3026)	Attach the worksheet listing required information	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div> <p style="text-align: center;">Name of Attached Document Listing Required Information</p>

Name of Attached Document	Document Listing	Required Information

Certification - Reporting Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	669001
<015> Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sean Miles
<035> Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients	
I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.	
Name of Reporting Carrier:	
Signature of Authorized Officer:	Date
Printed name of Authorized Officer:	
Title or position of Authorized Officer:	
Telephone number of Authorized Officer:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Certification - Agent / Carrier Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
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<010> Study Area Code	669001
<015> Study Area Name	GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS
<020> Program Year	2016
<030> Contact Name - Person USAC should contact regarding this data	Sean Miles
<035> Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.
<039> Contact Email Address - Email Address of person identified in data line <030>	smiles@docomopacific.com

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

Certification of Officer to Authorize an Agent to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I certify that (Name of Agent) <u>James W. Hofman, II</u> is authorized to submit the information reported on behalf of the reporting carrier. I also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.	
Name of Authorized Agent:	<u>James W. Hofman, II</u>
Name of Reporting Carrier:	<u>GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS</u>
Signature of Authorized Officer:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2015</u>
Printed name of Authorized Officer:	<u>James Hofman II</u>
Title or position of Authorized Officer:	<u>Chief Legal Officer</u>
Telephone number of Authorized Officer:	<u>6716882355 ext. 2288</u>
Study Area Code of Reporting Carrier:	<u>669001</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent Authorized to File Annual Reports for CAF or LI Recipients on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.	
Name of Reporting Carrier:	<u>GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS</u>
Name of Authorized Agent or Employee of Agent:	<u>Lukas, Nace, Gutierrez & Sachs, LLP</u>
Signature of Authorized Agent or Employee of Agent:	<u>CERTIFIED ONLINE</u> Date: <u>06/30/2015</u>
Printed name of Authorized Agent or Employee of Agent:	<u>John Cimko</u>
Title or position of Authorized Agent or Employee of Agent:	<u>Attorney</u>
Telephone number of Authorized Agent or Employee of Agent:	<u>7035848686 ext.</u>
Study Area Code of Reporting Carrier:	<u>669001</u> Filing Due Date for this form: <u>07/01/2015</u>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

Attachments

**DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 110 – Service Quality Improvement Reporting**

**THIS EXHIBIT IS WITHHELD FROM THE PUBLIC COPY
AS THE FILER HAS REQUESTED CONFIDENTIAL TREATMENT**

**DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 510 – Service Quality Standards and
Consumer Protection Rules**

DOCOMO PACIFIC

Line 510 - Service Quality Standards and Consumer Protection Rules Compliance

DOCOMO PACIFIC hereby certifies that it has reviewed its service quality and consumer protection practices, which it follows in connection with its provision of voice and broadband services, and that these practices ensure that DOCOMO PACIFIC:

- (1) Discloses rates and terms of its voice and broadband services to customers.
- (2) Makes available maps showing where voice and broadband services are generally available.
- (3) Provides contract terms to customers and confirms changes in voice or broadband service.
- (4) Allows a trial period for new voice or broadband service.
- (5) Provides specific disclosures in advertising.
- (6) Separately identifies carrier charges from taxes on billing statements.
- (7) Provides customers the right to terminate voice or broadband service for changes to contract terms.
- (8) Provides ready access to customer service.
- (9) Promptly responds to consumer inquiries and complaints received from government agencies.
- (10) Abides by policies for protection of consumer privacy.
- (11) Provides consumers with free notifications for voice, data and messaging usage, and international roaming.

- (12) Abides by standards regarding the ability of customers, former customers, and individual owners of eligible devices to unlock phones and tablets that are locked by or at the direction of DOCOMO PACIFIC.

These service quality and consumer protection practice categories are the same as those included in the CTIA–The Wireless Association® (“CTIA”) Consumer Code for Wireless Service (“CTIA Code”) currently in effect. In submitting this report, DOCOMO PACIFIC certifies that it will continue to abide by the CTIA Code, as it may be amended from time to time, for all of its operations in Guam.

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 610 – Network Functionality in Emergency Situations

DOCOMO PACIFIC

Line 610 - ABILITY TO REMAIN FUNCTIONAL IN EMERGENCY SITUATIONS

DOCOMO PACIFIC is mindful of the importance of ensuring uninterrupted service so that law enforcement and public safety officials, as well as the general public, can make important calls in the event of a hurricane or other emergency. DOCOMO PACIFIC hereby certifies, with respect to its voice and broadband services, that the company is able to function in emergency situations as defined in the *ETC Report and Order*. To ensure continued provision of service, the company's Network Operations Center is backed up from commercial power by a primary and secondary 175 KW generators with full automatic transfer functions. Generators are fueled from a 2000 gallon diesel storage tank. Traffic between the LEC and DOCOMO PACIFIC is divided between fiber optic cable and standard copper cable and therefore enables the ability to reroute where necessary. DOCOMO PACIFIC also maintains a full cell site inside the facilities of the Guam Civil Defense Center. DOCOMO PACIFIC also certifies that the company has in place an automated notification system and manual procedures for the management of traffic spikes resulting from emergency situations.

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 700 – Price Offerings Including Voice Rate Data

669001

<015>	Study Area Name
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GUAM CELLULAR AND PAGING, INC. DBA GUAMCELL COMMUNICATIONS

<020>	Program Year
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2016

<030> Contact Name - Person USAC should contact regarding this data

Sean Miles

<035>	Contact Telephone Number - Number of person identified in data line <030>	6719694093 ext.

6719694093 ext.

<039> Contact Email Address - Email Address of person identified in data line <030>

smiles@docomopacific.com

<701> Residential Local Service Charge Effective Date

1/1/2015

<702> Single State-wide Residential Local Service Charge

19.5

<703>

DoCoMo Pacific – Guam Wireless
SAC 669001 (GU)
FCC Form 481 (Program Year 2016)
Line 1210 – Terms and Conditions for Lifeline Customers

DOCOMO PACIFIC

Line 1210 - Terms & Conditions of Voice Telephony Lifeline Plans

DOCOMO PACIFIC's Lifeline Assistance Program is the Low Income Program of the Universal Service Fund and is designed to benefit residential subscribers who are receiving assistance. Detailed information of our lifeline assistance program may be found on our website:

<http://www.docomopacific.com/phone/plans/lifeline-assistance-program>